

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Gloria E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -2 PM 12:02

DOCUMENT # G51028

1. Corporation Name

FRANCISCO B. GOMES, M.D., P.A.

Principal Place of Business

3508 N ARMENIA AVENUE
TAMPA FL 33607
US

MAILING ADDRESS *
PO BOX 18126
TAMPA, FL.
33679-8126



800023999728
12/01/03 01034-002 **500.00

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/01/1983

5. FEI Number

59-2307723

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	GOMES, FRANCISCO B MD	17940 GULF BOULEVARD #9-A	REDINGTON SHORES FL 33708

800023999728
10/22/03 01010-010 **250.00

8. Name and Address

GOMES, FRANCISCO B DR
3508 N ARMENIA AVENUE
TAMPA FL 33607

PO BOX #18126
TAMPA, FL.
FL 33679-8126

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

Tampa

FL

33607

10. I, being appointed the register

miliar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

FRANCISCO B. GOMES

REGISTERED AGENT MUST SIGN

Date

10/14/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

FRANCISCO B. GOMES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

FRANCISCO B. GOMES 10/14/03

Daytime Phone #

8747217

CFR2040 (7/03)